

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   |              |
| INDEPENDENT CLAIMS  | minus 3 =    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9     |        | OR | X\$18     |        |
| X42       |        | OR | X84       |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     |        |

## CLAIMS AS AMENDED - PART II

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | ←             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

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|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Effective October 1, 2000

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(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 14 minus 20 = | *            |
| INDEPENDENT CLAIMS  | 3 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
| 4          | 5          | 6          |
| 7          | 8          | 9          |
| 10         | 11         | 12         |
| 13         | 14         | 15         |
| 16         | 17         | 18         |
| 19         | 20         | 21         |
| 22         | 23         | 24         |
| 25         | 26         | 27         |
| 28         | 29         | 30         |
| 31         | 32         | 33         |
| 34         | 35         | 36         |
| 37         | 38         | 39         |
| 40         | 41         | 42         |
| 43         | 44         | 45         |
| 46         | 47         | 48         |
| 49         | 50         | 51         |
| 52         | 53         | 54         |
| 55         | 56         | 57         |
| 58         | 59         | 60         |
| 61         | 62         | 63         |
| 64         | 65         | 66         |
| 67         | 68         | 69         |
| 70         | 71         | 72         |
| 73         | 74         | 75         |
| 76         | 77         | 78         |
| 79         | 80         | 81         |
| 82         | 83         | 84         |
| 85         | 86         | 87         |
| 88         | 89         | 90         |
| 91         | 92         | 93         |
| 94         | 95         | 96         |
| 97         | 98         | 99         |
| 100        | 101        | 102        |
| 103        | 104        | 105        |
| 106        | 107        | 108        |
| 109        | 110        | 111        |
| 112        | 113        | 114        |
| 115        | 116        | 117        |
| 118        | 119        | 120        |
| 121        | 122        | 123        |
| 124        | 125        | 126        |
| 127        | 128        | 129        |
| 130        | 131        | 132        |
| 133        | 134        | 135        |
| 136        | 137        | 138        |
| 139        | 140        | 141        |
| 142        | 143        | 144        |
| 145        | 146        | 147        |
| 148        | 149        | 150        |
| 151        | 152        | 153        |
| 154        | 155        | 156        |
| 157        | 158        | 159        |
| 160        | 161        | 162        |
| 163        | 164        | 165        |
| 166        | 167        | 168        |
| 169        | 170        | 171        |
| 172        | 173        | 174        |
| 175        | 176        | 177        |
| 178        | 179        | 180        |
| 181        | 182        | 183        |
| 184        | 185        | 186        |
| 187        | 188        | 189        |
| 190        | 191        | 192        |
| 193        | 194        | 195        |
| 196        | 197        | 198        |
| 199        | 200        | 201        |
| 202        | 203        | 204        |
| 205        | 206        | 207        |
| 208        | 209        | 210        |
| 211        | 212        | 213        |
| 214        | 215        | 216        |
| 217        | 218        | 219        |
| 220        | 221        | 222        |
| 223        | 224        | 225        |
| 226        | 227        | 228        |
| 229        | 230        | 231        |
| 232        | 233        | 234        |
| 235        | 236        | 237        |
| 238        | 239        | 240        |
| 241        | 242        | 243        |
| 244        | 245        | 246        |
| 247        | 248        | 249        |
| 250        | 251        | 252        |
| 253        | 254        | 255        |
| 256        | 257        | 258        |
| 259        | 260        | 261        |
| 262        | 263        | 264        |
| 265        | 266        | 267        |
| 268        | 269        | 270        |
| 271        | 272        | 273        |
| 274        | 275        | 276        |
| 277        | 278        | 279        |
| 280        | 281        | 282        |
| 283        | 284        | 285        |
| 286        | 287        | 288        |
| 289        | 290        | 291        |
| 292        | 293        | 294        |
| 295        | 296        | 297        |
| 298        | 299        | 300        |
| 301        | 302        | 303        |
| 304        | 305        | 306        |
| 307        | 308        | 309        |
| 310        | 311        | 312        |
| 313        | 314        | 315        |
| 316        | 317        | 318        |
| 319        | 320        | 321        |
| 322        | 323        | 324        |
| 325        | 326        | 327        |
| 328        | 329        | 330        |
| 331        | 332        | 333        |
| 334        | 335        | 336        |
| 337        | 338        | 339        |
| 340        | 341        | 342        |
| 343        | 344        | 345        |
| 346        | 347        | 348        |
| 349        | 350        | 351        |
| 352        | 353        | 354        |
| 355        | 356        | 357        |
| 358        | 359        | 360        |
| 361        | 362        | 363        |
| 364        | 365        | 366        |
| 3          |            |            |

| AMENDMENT A   | (Column 1) |   | (Column 2) |   | (Column 3)       |
|---|------------|---|------------|---|------------------|
|   | A          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | *          | 6   | Minus      | ** 20                                       | = -              |
| Independent   | *          | 1   | Minus      | *** 3                                       | = -              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |   |            |   |                  |

**BEST AVAILABLE COPY**

OTHER THAN  
OR SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     | 110    |

OR OTHER THAN SMALL ENTITY

| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X40=                |                | OR | X80=                |                |
| +135=               |                | OR | +270=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

## **AMENDMENT B**

| AMENDMENT B                                    | (Column 1)                                | (Column 2)                                  | (Column 3)               |
|--|---|---|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total  | *   | Minus                                       | **                       |
| Independent                                    | *   | Minus                                       | ***                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE |
|------|----------------|
|------|----------------|

| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X40=                |                | OR | X80=                |                |
| +135=               |                | OR | +270=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

## AMENDMENT C

| AMENDMENT C                                    | (Column 1)  |   | (Column 2) |   | (Column 3)               |
|--|-------------|---|------------|---|--------------------------|
|  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | *   | Minus      | **  | =                        |
|  | Independent | *   | Minus      | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |            |   | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE |
|------|----------------|
|------|----------------|

|                     |                |    |                     |                |
|---------------------|----------------|----|---------------------|----------------|
| RATE                | ADDITIONAL FEE | OR | RATE                | ADDITIONAL FEE |
| X\$ 9=              |                |    | X\$18=              |                |
| X40=                |                |    | X80=                |                |
| +135=               |                |    | +270=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.